

1999 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN

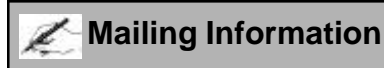
Full Year Resident / Short Form

JAN 1 - DEC 31, 1999 or Fiscal Year Ending ,19

DEPT USE ONLY

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USE LABEL, PRINT OR TYPE	FIRST NAME AND INITIAL <i>(List both if applicable)</i>	LAST NAME(S) <i>(See Instructions)</i>	YOUR SOCIAL SECURITY NUMBER		
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE SOCIAL SECURITY NUMBER		
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		HOME TELEPHONE: WORK TELEPHONE:		
FILING STATUS Check only one box	1. <input type="checkbox"/> SINGLE: <i>(Or widowed before 1999 or divorced at end of 1999)</i> 2. <input type="checkbox"/> MARRIED FILING JOINT: <i>(Even if only one had income)</i> 3. <input type="checkbox"/> HEAD OF HOUSEHOLD: <i>(See Instructions)</i> If the qualifying person is your child but not your dependent, enter this child's name here: _____		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN: 5. IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM 6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. Year spouse died: <i>(See Instructions)</i> _____		
	HAVE YOU FILED A FEDERAL EXTENSION? <input type="checkbox"/> <i>Check this box if you have filed an Automatic Federal Extension Form 4868. (See Instructions).</i>				
PERSONAL CREDITS	7A. <input type="checkbox"/> YOURSELF • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF <input type="checkbox"/> QUALIFYING WIDOW(ER)				
	7B. First name(s) of dependents: <i>(Do not list yourself or spouse)</i> Multiply number of boxes checked from Line 7A <input type="checkbox"/> X \$20 = _____ 00				
	7C. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A and 7B. Enter total here and on Line 16).</i> <input type="checkbox"/> X \$20 = _____ 00				
INCOME	ROUND ALL INCOME FIGURES TO WHOLE DOLLARS				
	8. Wages, salaries, tips, etc.: 8		A Your Income	B Spouse Income Status 4 Only	
	9. Interest income/dividend income: <i>(If either interest or dividend are over \$400.00, attach page ARS2).</i> ... 9		00	00	
	10. Miscellaneous income: <i>(List type and amount. See Instructions).</i> 10		00	00	
	11. TOTAL INCOME: <i>(Add Lines 8 through 10).</i> 11 •		00	00	
DEDUCTIONS TAX COMPUTATION	12. Select Tax Table: • <input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2 Standard Deduction: <i>(See Instructions).</i> NOTE: If you qualify for the Low Income Table, enter zero (0) on Line 12A. 12 •		00	00	
	13. Taxable Income. <i>(Subtract Line 12 from Line 11).</i> 13 •		00	00	
	14. Enter tax from table: 14		00	00	
	15. TOTAL TAX: <i>(Add Lines 14A and 14B).</i> 15 •		00	00	
TAX CREDITS	16. Personal Tax credits. <i>(Enter total from Line 7C).</i> 16 •		00		
	17. Working Taxpayer credit: <i>(See Instructions. Attach AR1328).</i> 17 •		00		
	18. Child Care credit: <i>(Attach Federal schedule, 20% of Federal credit allowed).</i> 18 •		00		
	19. TOTAL CREDITS: <i>(Add Lines 16 through 18).</i> 19 •			00	
TAX DUE	20. NET TAX: <i>(Subtract Line 19 from Line 15. If Line 19 is greater than Line 15, enter 0).</i> 20 •			00	
	21. Arkansas Income Tax withheld: <i>(Attach State copies of W-2s).</i> 21 •		00		
PAYMENTS	22. Early Childhood Program: Certification Number: _____ <i>(Attach Fed. Form 2441 or 1040A & Cert. Form AR1000EC. 20% of Fed. credit allowed).</i> 22 •		00		
	23. TOTAL PAYMENTS: <i>(Add Lines 21 and 22).</i> 23 •			00	
REFUND OR TAX DUE	24. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 23 is greater than Line 20, enter difference).</i> 24 •			00	
	25. Amount to be contributed to AR Disaster Relief Fund: 25 •		00		
	26. Amount to be contributed to the U. S. Olympic Fund: 26 •		00		
	27. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Lines 25 and 26 from Line 24).</i> REFUND 27 • ☺			00	
PLEASE SIGN HERE	28. Amount Due: <i>(If Line 23 is less than Line 20, enter the difference; If over \$1,000.00, See Instructions).</i> TAX DUE 28 • ☹			00	
	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
PAID PREPARER	Your Signature		Occupation:	Date:	
	Spouse's Signature		Occupation:	Date:	
	Paid Preparer's Signature:		ID Number/Social Security Number:	FOR DEPARTMENT USE ONLY	
	Preparer's Name:		City/State/Zip:	A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Address:		Telephone Number:	B • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			C • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			D • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			E • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			F • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		



Mail REFUND returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.
 Mail TAX DUE returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.
 Mail NO TAX DUE returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.

Part 1 INTEREST INCOME				Part 2 DIVIDEND INCOME			
<p>Interest on bank deposits, notes, mortgages, interest from individuals, corporation bonds, savings and loan deposits and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.</p> <p>List the names of the interest source below and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).</p>				<p>Dividends and other distributions on stock, are fully taxable. There is no dividend exclusion applicable to Arkansas.</p> <p>List the names of the dividend source below and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).</p>			
Y S J	NAME OF PAYER	AMOUNT		Y S J	NAME OF PAYER	AMOUNT	
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
Total Interest Income: <i>Enter here and on Line 9.</i>			00	Total Dividend Income: <i>Enter here and on Line 9.</i>			00

CHECKLIST FOR AR1000S FILERS

This checklist is to help you make sure that your form is filled out correctly. Errors may delay your refund.

- ☐ 1. Is your name and address correct on the preprinted label? If not, did you enter the name, address and social security number for you and your spouse in the space provided?
- ☐ 2. Is your social security number correct?
- ☐ 3. Did you use the correct filing status column and taxable income to find your tax in the tax table?
- ☐ 4. Did you attach your W-2 form(s)?
- ☐ 5. Did you add and subtract correctly especially when figuring your refund or amount you owe?
- ☐ 6. Did you sign and date your return?
- ☐ 7. Did you keep a copy of your return for your records?